

COMBINED DECLARATION AND POWER OF ATTORNEY

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled PREPARATION OF LACTIC ACID DERIVATIVES AND THEIR USE, the specification of which:

- ☐ is attached hereto.
☐ was filed on _____ as Application Serial No. _____ and was amended on _____
☒ was described and claimed in PCT International Application No. PCT/US2003/023119 filed on July 24, 2003.

I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose all information I know to be material to patentability in accordance with Title 37, Code of Federal Regulations, §1.56.

I hereby claim the benefit under Title 35, United States Code, §119(e)(1) of any United States provisional application(s) listed below:

<u>U.S. Serial No.</u>	<u>Filing Date</u>	<u>Status</u>
60/400,474	August 2, 2002	Expired

I hereby appoint the following attorneys and/or agents to prosecute this application and to transact all business in the Patent and Trademark Office connected therewith:

26191
PTO Customer Number

Direct all telephone calls to DOROTHY P. WHELAN at telephone number (612) 335-5070.

Direct all correspondence to the following:

26191
PTO Customer Number

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patents issued thereon.

Combined Declaration and Power of Attorney

Page 2 of 2 Pages

1 - ∞ Full Name of Inventor: SERGEY SELIFONOV

Inventor's Signature:

Residence Address:

Citizenship:

Post Office Address:

Sergey A. Selifonov
Plymouth, Minnesota MN

Russian Federation

4625 Merrimac Lane North

Plymouth, Minnesota 55446

Date:

09-19-2005